

27 April 1973

MEMORANDUM FOR: Director of Medical Services

SUBJECT : Agency Alcohol Program

The Agency Alcohol Program, administered by the Office of Personnel, is now about one year old. A review of OMS experience with it seems to be pertinent at this time.

There are no clearcut criteria for designating a member of the Program. Many of the cases so designated by the Office of Personnel have been placed there following Personnel Evaluation Board considerations of cases involving alcohol; other cases had already been known to the Office of Personnel at the inception of the Program. But perhaps specific criteria could be developed further -- for example cases requiring an emergency home visit by members of the OS-OMS emergency team. It would seem important to make certain that each individual knew he had been placed in the Alcohol Program and that medical input as to diagnosis and prospects for rehabilitation be available through the administrative program. Furthermore, criteria for measuring the success, progress and completion of the rehabilitating program need to be developed. OMS evaluations and advice on each individual case would seem to constitute one facet of this development. In this connection it would seem that regular, ongoing meetings and review of each case in the Alcohol Program by the Office of Personnel and representatives of OMS (and possibly OS) would be helpful. In these meetings exchanges of perspective, contributions of the pertinent disciplines (Behavioral Science) and the development of an integrated overall approach might be developed.

The relation of the Agency Alcohol Program to other informal efforts to rehabilitate employees is a complex one. At first glance it might seem attractive to merge all such efforts into one central point -- attractive but impractical. First-line supervisors, upon whom any system of early detection rests, vary enormously in their methods of management. It is unlikely that supervisors will ever handle any problem requiring so much judgment and intuition (in the early stages at least) in a uniform manner. Better to allow for varying modes of approaching the problem with some overall coordination than to drive segments underground. Thus, it would seem better that OMS efforts (such as direct employee appointments with OMS, direct division referral to OMS, and OMS conditional status) not be merged into the Office of Personnel effort. Subsequently entry of cases into the

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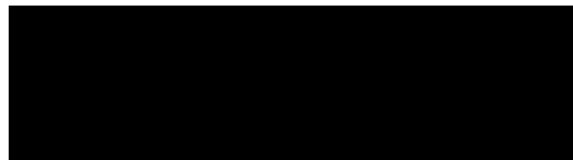
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formal Office of Personnel program would, however, serve as a monitor for the success of these informal efforts. Moreover, these efforts should be compared and contrasted in an overall way and in a case-by-case evaluation with the Office of Personnel on a periodic basis.

The question of the quality and type of assistance provided to individuals in the rehabilitative program needs to be considered. It is possible that the Special Affairs Staff itself can be of great assistance in the follow-up of individuals. OMS input concerning the training and supervision of alcoholic counselors might be useful. Furthermore, the development of educational efforts for employees and supervisors needs to be developed with access to OMS knowledgeability in the field.

In summary, it would seem that the Agency alcoholic rehabilitation program has made a useful beginning. OMS, in proposing regular meetings with the Office of Personnel, might be able to assist in the further development of criteria for those entering and exiting the Program, facilitate the flow of information and experience, provide professional consulting advice to Personnel representatives who are following the Program, and make available developing medical knowledge in the field of alcoholism and drug abuse, identification and treatment, from the educational point of view.



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Chief, Psychiatric Staff

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